

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10671 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 yrs., 6 mos., 28 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 4 yrs., 6 mos., 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 223 - 3rd Street, N. E.
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

THOMAS J. BANKS

3. (b) Social Security Number

226-18-2120

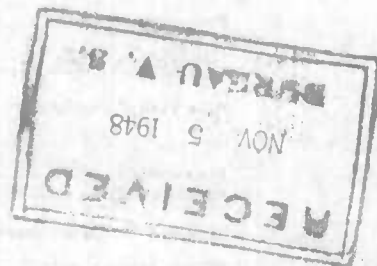
4. Sex Male	5. Color or race Negro	6. (a) Single, married, widowed, or divorced Separated	
6. (b) Name of husband or wife..... Ruby Turner Banks			
7. Birth date of deceased (mo., day, yr.) May 1, 1906			
6. (c) If alive, give age..... 39 years			
8. AGE:	Years	Months	Days
	42	42	5
			22
			hrs. min.
9. Birthplace..... Orange, Virginia (Town, county, and state)			
10. Usual occupation..... Porter			
11. Industry or business..... - - -			
FATHER	12. Name..... Percy Banks		
	13. Birthplace..... Orange, Virginia		
MOTHER	14. Maiden name..... Carrie Washington		
	15. Birthplace..... Orange, Virginia		

16. Informant..... Deceased	
Address.....	
17. Burial	Date thereof Oct. 24/1948
(Burial, cremation, or removal. Which?)	(month) (day) (year)
Cemetery or crematory..... Orange County	
Location..... Orange, Va.	
16. Funeral director..... Freddy's Funeral Home	
Address..... 800 N. 1st St., Orange, Va.	
Oct 24 1948	Raymond S. Phillips
(Date rec'd by registrar)	Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct. 23, 1948, at 4:20 P. M.	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 24, 1944, to Oct. 23, 1948, and that I last saw him alive on Oct. 23, 1948.	
Immediate cause of death..... Pulmonary Tuberculosis	DURATION 6 yrs. 5 mo.
Complication: - Right tuberculous empyema	4 yrs.
Due to.....	
Other conditions.....	
(Include pregnancy within 3 months of death)	
Major findings of operations.....	Date of op.
Autopsy results.....	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	

22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide.....	Date of
Where did injury occur?	(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)	
Means of injury	Injured at work?
23. SIGNATURE..... Daniel Leo Punicane M.D.	
Address..... Glenn Dale, Md. Date signed 10/23/48	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10672

Reg. Dist. No. 242

1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Removal

Date thereof

(Burial, cremation, or removal) Which?

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

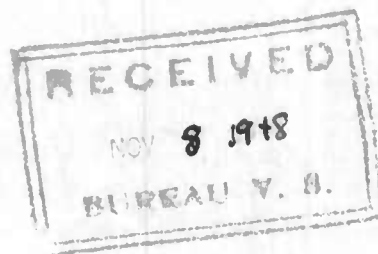
Address

Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 237

1. PLACE OF DEATH:

County Prince Georges
City or town Aquasco
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 minutes
Hospital, institution, or street address where death occurred:
DRS. OFFICE - AQUASCO, MD
How long in hospital or institution? NO TIME

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County PR. GEORGES
City or town Brandywine
(If outside city or town limits, write RURAL and give nearest town)
Street No. X
(If rural, give LOCATION)
2. (a) If veteran, name war X

3. (a) FULL NAME

JOHN BOND

3. (b) Social Security Number

4. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed or divorced MARRIED

6. (b) Name of husband or wife RUTH - GOODE BOND

7. Birth date of deceased (mo., day, yr.) MARCH 21, 1872 6. (c) If alive, give age 76 years

8. AGE: Years 76 Months 6 Days 24 If less than one day hrs min.

9. Birthplace LISBON, HOWARD, MARYLAND
(Town, county, and state)

10. Usual occupation RETIRED
11. Industry or business POST OFFICE

12. Name JOHN BOND
13. Birthplace HOWARD COUNTY, MARYLAND

14. Maiden name Hobbs
15. Birthplace Lisbon, Howard Co., Md.

16. Informant James W. Bond
Address Brandywine, Md.

17. Burial Date thereof Oct. 18, 1948
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Freedom Hill
Location Suitland, Maryland

18. Funeral director Ritchie Bros.
Address Upper Marlboro, Md.

19. Oct 16th 1948 Mo. J. B. Cate
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCTOBER 15 1948 at 3:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from OCTOBER 15 1948 to OCT. 15 1948
and that I last saw him alive on OCT. 15 1948

Immediate cause of death CORONARY THROMBOSIS

Due to ARTERIO SCLEROSIS

Due to AGE

Other conditions X
(Include pregnancy within 3 months of death)

Major findings of operations X Date of op. X

Autopsy results X
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide X Date of X
Where did injury occur X (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) X
Means of injury X Injured at work? X

23. SIGNATURE Alfred R. Lapan, M.D.
Address Aquasco, Md. Date signed Oct 15, 1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10673

RECEIVED

OCT 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 242

10674

93d

1. PLACE OF DEATH:

County Prince Georges
 City or town Caromady Hills, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred:
511-71st Place - Washington 1900
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges
 City or town Caromady Hills, Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 511-71st Place N.E.
 (If rural, give LOCATION) Washington 1900
 2. (a) If veteran, name war —

3. (a) FULL NAME

James Haywood Brooks.

3. (b) Social Security Number

57803.9320

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed.

6. (b) Name of husband or wife Alice McDuffie Brooks

7. Birth date of deceased (mo., day, yr.) Jan. 1 1883
 6. (c) If alive, give age — years

8. AGE: Years 65 Months 10 Days — It less than one day — hrs. — min.

9. Birthplace North Carolina
 (Town, county, and state)

10. Usual occupation Glazier - Retired11. Industry or business Retired12. Name Brooks13. Birthplace Hamilton, N.C.14. Maiden name Elizabeth Carpenter15. Birthplace Hamilton, N.C.16. Informant Maud Mary BrooksAddress 511-71st Place N.E. Washington 190017. Burial Date thereof Nov. 3, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cedar Hill CemeteryLocation Suitland, Pr. Geo. Cy., Md.18. Funeral director W. W. Chambers Co.Address 517-11th St. N.E. Wash., D.C.19. Nov. 1 19 48 Curie Campbell

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 19 48 at 11:45 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from unattended to — 19 —and that I last saw him alive 19 —Immediate cause of death CoronarythrombosisDURATION 1 hrDue to Chronic myocarditis 5 weeksDue to General arterio-sclerosis unknownOther conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of Injury — Injured at work? —23. SIGNATURE Paul C. Van GattaAddress Washington 1900 Date signed Oct 31, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243.

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 5 mos., 17 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 5 mos., 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 4109 Ligation St., N.W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

WILLIAM JOHN BULLIS

3. (b) Social Security Number

- - -

4. Sex..... Male
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... Cynthia R. Bullis
 6.(c) If alive, give age..... 72 years
 7. Birth date of deceased (mo., day, yr.)..... September 13, 1873
 8. AGE: Yeare Monthe Day If less than one day
 75 75 1 2 hre.min.

9. Birthplace..... Hornell, New York
 (Town, county, and state)
 10. Usual occupation..... Retired Proof Reader: G.P.O.
 11. Industry or business..... - - -

12. Name..... Wm. H. Bullis
 13. Birthplace..... Sullivan Co., New York
 14. Maiden name..... Mary McCann
 15. Birthplace..... Waldon, New York

16. Informant..... Deceased

Address.....

17. *Removal to Wash. D.C.* (Date thereof *Oct 15 1948*)
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director..... S. H. Hines, Co.

Address..... 2901 14th St N.W.

19. *Oct. 15 1948* Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... OCT. 15 1948 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
APR. 27 1948 to *OCT. 15* 1948
 and that I last saw him alive on *OCT. 15* 1948

Immediate cause of death.....

Pulmonary Tuberculosis

DURATION

9 mo.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Nature of injury.....

Injured at work?.....

23. SIGNATURE.....

Daniel Leo Finamore MD
 Address..... *Glenn Dale, Md* Date signed *10/15/48*
 M. D. or other.....

RECEIVED

OCT 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The completed form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10676

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince GeorgeCity or town Cleary
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 daysHospital, institution, or street address where death occurred: Prince GeorgesHow long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State MD County Prince GeorgeCity or town Riversdale
(If outside city or town limits, write RURAL and give nearest town)Street No. 6105-44th Ave
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Corson, William A.

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 Oct 48 at 10:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Cebral 1 1946 to Oct 14 48and that I last saw him alive on 10-14 48

Immediate cause of death

Hemorrhage from
esophageal varices

Due to

Hepatic Cirrhosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. D.

M. D. or other

Address 10-14-48 Date signed

9. Birthplace

(Town, county, and state)

Virginia

10. Usual occupation

Retired
Washington Terminal Co.

11. Industry or business

12. Name

William A. Corson

13. Birthplace

Pa

14. Maiden name

Ida Smith

15. Birthplace

Pa

16. Informant

Viola Corson
Riversdale Md.

Address

17. Burial

Date thereof Oct 18, 1948

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Oct 18 48 19 48

(Date rec'd by registrar)

Registrar

Address

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County..... Prince George's

City or town..... Meadows
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

RFD # 1, Upper Marlboro, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Prince George's

City or town..... Meadows
(If outside city or town limits, write RURAL and give nearest town)

Street No..... RFD # 1, Upper Marlboro

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Richard Franklin Catterton

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife..... Carrie E. Catterton

6.(c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

September 26, 1874

8. AGE:

Years

Months

Days

If less than one day

74

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Unknown

13. Birthplace

Unknown

MOTHER

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Blanche E. Moore

Address

Meadows, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

10-17-48
(month) (day) (year)

Cemetery or crematory

Mt. Harmony Cemetery

Location

Mt. Harmony Rd.

18. Funeral director

W. W. Chambers Co.

Address

517 11th St. S. E.

19.

(Date rec'd by registrar)

Oct. 15, 1948

Carrie F. Campbell

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 14, 1948 at 4:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 to 10/14/48

and that I last saw him alive on October 11, 1948

Immediate cause of death

Uremia

DURATION

Due to

Cardiovascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James J. Boyd

20/14/48

Address

Date signed

RECEIVED

OCT 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10678

245

1. PLACE OF DEATH:

County Prince George's

City or town Riverdale
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, institution, or street address where death occurred:
5704 - 64 Avenue

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's

City or town Riverdale
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5704 - 64th Ave.
(If rural, give LOCATION)

2. (a) If veteran, name war -

3. (a) FULL NAME

CARRIE E. CLARK

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Frederick W. Clark

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1869 6. (c) If alive, give age - years

8. AGE: Years 78 Months 10 Days 6 If less than one day - hrs. - min.

9. Birthplace South Weymouth, Mass.
(Town, county, and state)

10. Usual occupation none

11. Industry or business -

12. Name A. E. Vining

13. Birthplace Mass.

14. Maiden name Martha White

15. Birthplace Mass.

16. Informant Iceland W. Clark

Address Waterbury, Conn.

17. Burial Date thereof Oct. 31, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Hope

Location S. Weymouth, Mass.

18. Funeral director Warner E. Humphrey, Inc.

Address 8434 Ga. Ave. Silver Spring, Md.

19. Oct. 28 19 48 None (see bereavement)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 19 48 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 25 19 48, to October 28 19 48, and that I last saw him alive on October 28 19 48.

Immediate cause of death Cerebral thrombosis DURATION 4 days

Due to Senescence

Due to -

Other conditions Chronic Valvular heart disease unknown

(Include pregnancy within 3 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE Charles J. Bourne MD

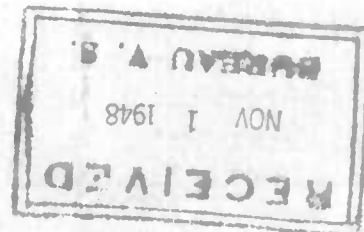
201 R R Ave NE Wash DC M. D. or other

Address - Date signed 10-29-48

MARGIN RESERVED FOR BINDING

VS A15 9.45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10679

1. PLACE OF DEATH:

County Prince Georges
City or town Rural. Near Lanham
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges
City or town Mitchellville
(If outside city or town limits, write RURAL and give nearest town)

Street No. Box 93
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

James Francis Coleman

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 28, 1924 6.(c) If alive, give age..... years

8. AGE: Years 24 Months 11 Days 14 It less than one day..... hrs. min.

9. Birthplace Bowie, Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name James Alexander Coleman

13. Birthplace N. Carolina

14. Maiden name Sarah Scott

15. Birthplace Ann Arundel County

16. Informant Sarah Coleman Mother

Address Mt. Airy, Md.

17. Burial Date thereof Oct 16 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Holy Family

Location Woodmore Md

18. Funeral director J. Dardis Sons

Address Hy. Md.

19. Oct 16 48 Amanda Boone
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1948 at 12.05A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....19....., to.....19.....

and that I last saw h.....alive on.....19.....

Immediate cause of death Cerebral concussion DURATION
Fractured skull.

Due to.....

Due to.....

Other conditions Compound, comminuted
fracture of femur
(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10-13-48

Where did injury occur? Near Lanham Pr. Geo. Md. (State)

Injured at home, farm, industry, public place (where?) Public Highway (County)

Means of injury Auto. Accident Injured at work?

23. SIGNATURE John W. Maloney, Dep. med. Examiner

Address Chesverly, Hyattsville Date signed 10-14-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10680

Reg. Dist. No. 243.

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1430 V. Street, N. W.
 (If rural, give LOCATION)
 2.(a) if veteran, name war..... ✓

3.(a) FULL NAME

DE VAUGHN, BERNARD

3.(b) Social Security Number

578-07-8033

4. Sex Male 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Married

8.(b) Name of husband or wife Bessie DeVaughn
 6.(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) January 3, 1900

8. AGE: Years Months Days If less than one day
 48 48 9 18 hrs. min.

9. Birthplace Washington, D. C.
 (Town, county, and state)

10. Usual occupation Truck driver

11. Industry or business - - - -

12. Name Randolph DeVaughn

13. Birthplace ? Missouri

14. Maiden name Susan Nelson

15. Birthplace ? Virginia

16. Informant Deceased

Address

17. Reinterment Date thereof Oct 22 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director MALVIN A SCHEY

Address 4724 R St NW

19. Oct 22, 48 Rowlands. Phillips

(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 19 48 at 11 59 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 6 19 48 to October 21 19 48
 and that I last saw him alive on October 21 19 48

Immediate cause of death Pulmonary Tuberculosis DURATION 10 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel Lee Pinecone M.D.

Address Glen Dale Md Date signed Oct 21/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10681

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 9 mos., 8 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 9 mos., 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1119 Neal Place, N. W.
 (If rural, give LOCATION)
 2. (a) If veteran, name war..... ✓

3. (a) FULL NAME

DOW, RACHEL

3. (b) Social Security Number

247-32-7509

4. Sex..... Female
 5. Color or race..... Negro
 6. (a) Single, married, widowed, or divorced..... Widowed
 6. (b) Name of husband or wife..... James Dow
 B. (c) If alive, give age..... - years
 7. Birth date of deceased (mo., day, yr.)..... September 28, 1913
 8. AGE: Years Months Days If less than one day
 35 35 0 20 hrs. min.

9. Birthplace..... Lucklow, South Carolina
 (Town, county, and state)
 10. Usual occupation..... Laundry Employee
 11. Industry or business..... - - -
 12. Name..... Rev. Purdy Hoven
 13. Birthplace..... ? South Carolina
 14. Maiden name..... Christina Kelley
 15. Birthplace..... ? South Carolina

16. Informant..... Deceased
 Address.....
 17. Removal to burial, cremation, or removal. Which?..... Rev. Frank D.C. Date thereof..... 10 19 48
 (month) (day) (year)
 Cemetery or crematory.....
 Location..... Home
 18. Funeral director..... Funeral Home
 Address..... 389-R. 2 Ave NW
 19. Oct 19 48 Rowland S. Philips Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... Oct. 18 19 48 at 2 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/9 19 48, to 10/18 19 48
 and that I last saw him alive on 10/18/48

Immediate cause of death..... pulmonary tuberculosis 22 new
 DURATION

Due to.....
 Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Pinician M.D.
 Address..... Glenn Dale, Md. Date signed 10/18/48



MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

10682

Reg. Dist. No. 243.

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr., 1 mo., 21 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 1 yr., 1 mo., 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D. C. County
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2013 Eye Street, N. E.
(If rural, give LOCATION)
2. (a) If veteran, name war.

3. (a) FULL NAME Veva, Ellis.
3. (b) Social Security Number 579-26-7251

4. Sex Female
5. Color or race Negro
6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife - - -

7. Birth date of deceased (mo., day, yr.) April 15, 1923
6. (c) If alive, give age - - - years

8. AGE:	Years	Months	Days	If less than one day
25	25	5	18	hrs. min.

9. Birthplace Orangeburg, South Carolina
(Town, county, and state)

10. Usual occupation General Housework

11. Industry or business - - -

12. Name Jonas Ellis

13. Birthplace ?

14. Maiden name Annie Williams

15. Birthplace ?

16. Informant Deceased
Address

17. Burial Date thereof Oct 7 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Woodlawn Cemetery

Location Washington, D.C.

18. Funeral director John H. Stewart

Address # 30 "H" St. N.E. Wash. D.C.

19. Oct. 4, 1948 Rowland S. Phillips
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH October 3rd 1948 at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 11 1947 to Oct 3rd 1948
and that I last saw her alive on Oct 3rd 1948

Immediate cause of death Pulmonary Tuberculosis
DURATION 1 yr 7 mo

Due to Diabetes Mellitus
Due to 4 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Leo Pinckney MD
Glenn Dale Md Date signed Oct 3/48
M. D. or other

RECEIVED

OCT 11 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **240**

10683

922

1. PLACE OF DEATH: County... <u>Prince George's</u> City or town... <u>Brandywine</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>30 years</u> Hospital, institution, or street address where death occurred: <u>Brandywine</u> How long in hospital or institution? <u>NONE</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Pr. Geo's</u> City or town... <u>Brandywine Md.</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) If veteran, name war.....			
3. (a) FULL NAME <u>CHARLES M. GRAY</u>				3. (b) Social Security Number			
4. Sex <u>MALE</u>		5. Color or race <u>COLORED</u>		6. (a) Single, married, widowed, or divorced <u>MARRIED -</u>			
6. (b) Name of husband or wife <u>BERTHA A GRAY</u>				6. (c) If alive, give age <u>67</u> years			
7. Birth date of deceased (mo., day, yr.) <u>APRIL 16, 1880</u>				8. AGE: Years <u>68</u> Months <u>5</u> Days <u>19</u> If less than one day hrs. min.			
9. Birthplace <u>Charles County Md.</u> (Town, county, and state)				10. Usual occupation <u>Farmer</u>			
11. Industry or business				12. Name <u>Thomas M. Gray</u>			
13. Birthplace <u>Charles Co. Md.</u>				14. Maiden name <u>Georgiana Mason</u>			
15. Birthplace <u>Charles Co. Md.</u>				16. Informant <u>Mrs. Dorothy Gray</u>			
Address <u>Brandywine</u>				17. Burial <u>St. Peters Church</u> Date thereof <u>Oct 7, 1948</u> (Burial, cremation, or removal. Which?) (month) (day) (year)			
Cemetery or crematory <u>Waldorf Md.</u>				18. Funeral director <u>Hunt & Ryan</u>			
Location <u>Waldorf Md.</u>				Address <u>Waldorf Md.</u>			
19. Oct 8, 1948 <u>J. H. Billingsley</u> (Date rec'd by registrar) Registrar				20. DATE OF DEATH <u>Oct 4, 1948</u> at <u>11 P.M.</u>			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>July 24, 1948</u> to <u>Oct 4, 1948</u> and that I last saw him alive on <u>Sept 30, 1948</u>							
Immediate cause of death <u>Cardiovascular collapse</u>							
DURATION							
Due to <u>myocardial infarction</u>							
Due to <u>Cardiovascular disease</u>							
Other conditions							
(Include pregnancy within 8 months of death)							
Major findings of operations							
Autopsy results							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following:							
Accident, suicide, or homicide Date of							
Where did injury occur? (City or town) (County) (State)							
Injured at home, farm, industry, public place (where?)							
Means of injury Injured at work?							
23. SIGNATURE <u>Alfred R. Lapin</u> M. D. or other							
Address <u>Aguasco Md.</u> Date signed <u>Oct 6, 1948</u>							



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242 10684

1. PLACE OF DEATH:

County Prince Georges
 City or town Farmington Heights
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:
904-60 ave.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince Georges
 City or town Farmington Heights
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 904-60 ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

James Henry Green

3. (b) Social Security Number

4. Sex male 5. Color or race col. 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Bessie Green
 7. Birth data of deceased (mo., day, yr.) ? 1882 8.(c) If alive, give age 65 years
 8. AGE: Years 66 ? Months Days It less than one day
 hrs. min.

9. Birthplace West Va.
 (Town, county, and state)

10. Usual occupation laborer11. Industry or business General

12. Name Wick
 13. Birthplace

14. Maiden name Wick
 15. Birthplace

16. Informant Thomas's nurseAddress 904-60 ave.

17. Burial Date thereof Oct. 8, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Paynes CemeteryLocation Washington D.C.16. Funeral director Henry S. WashingtonAddress 467 N. St. N.W. Wash. D.C.

19. Oct. 5- 19 48 Carrie F. Campbell
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5, 19 48 at 6:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 25 19 48 to Oct 4 19 48
 and that I last saw him alive on Oct 4 19 48

Immediate cause of death Carcinoma of
Stomach

Due to StomachDue to General metastasis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Injured at work?

Injured at work?

Injured at work?

Injured at work?

Injured at work?

Injured at work?

Injured at work?

Injured at work?

Injured at work?

2881
99
3461

RECEIVED
OCT 8 1946
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges
City or town Beltsville Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Beltsville Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No. 904-64 Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

George Ray Groomes

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Bertha A. Groomes
7. Birth date of deceased (mo., day, yr.) Jan. 26, 1876 6.(c) If alive, give age 51 years
8. AGE: Years 72 Months 9 Days 16 If less than one day
hrs. min.

9. Birthplace Fauquier Co., Va.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business U.S. Govt.

12. Name John Groomes

13. Birthplace Fauquier Co., Va.

14. Maiden name Isabel Snowden

15. Birthplace Fauquier Co., Va.

16. Informant Bertha Groomes

Address 904-64 Ave.

17. Burial Date thereof 10-18-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Arlington National

Location

18. Funeral director Brooks & Allen

Address 1200 7th Ave. NW

19. Oct 12 19 48 Amanda Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 19 48 at 8:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 19 48 to Oct 12 19 48

and that I last saw him alive on Oct 12 19 48

Immediate cause of death Hypertensive

Cardiovascular

Disease Disease

Due to Hypertension

Due to Arterio-sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. B. Beldan M. D. or other

UNITED STATES DEPARTMENT OF HEALTH

CENTRAL BUREAU OF HEALTH

RECEIVED

OCT 19 1948

BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10686 545

1. PLACE OF DEATH:

County Prince Georges
 City or town Rivendale, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 1/2 hrs.
 Hospital, institution, or street address where death occurred:
Eugene Island Memorial Hospital
 How long in hospital or institution? 5 1/2 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges
 City or town Greenbelt, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4 D Laurel Hill Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

James Carter Hicks

3. (b) Social Security Number

577-20-4522

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Mrs Marie Hicks
 6.(c) If alive, give age 31 years
 7. Birth date of deceased (mo., day, yr.) Sept. 19, 1922
 8. AGE: Years 26 Months 19 Days 19 It less than one day hrs. min.

9. Birthplace Sydney, Maryland
 (Town, county, and state)
 10. Usual occupation Repair man
 11. Industry or business
 12. Name Gibson C. Hicks
 13. Birthplace Knoxville, Tenn.
 14. Maiden name Florence Hudson
 15. Birthplace Toronto, Canada

16. Informant Gibson C. Hicks
 Address 1217-49th Ave. Hillside, Md.
 17. Burial Date thereof Oct. 12, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Cedar Hill Cemetery
 Location Prince Georges County, Md.
 18. Funeral director Chas. E. Evans & Co.
 Address 5801 Cleveland Ave. Rivendale, Md.
 19. Oct 9 1948 James Servy
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8 1948 at 4:12 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
 and that I last saw him alive on 19

Immediate cause of death Hemorrhage & Shock
 Due to Intercranial hemorrhage
 Due to Gun shot wound of head
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 10-7-48
 Where did injury occur? Greenbelt, Pr. Geo. Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Home
 Means of injury Gunshot wound of head Injured at work? No
 23. SIGNATURE John J. Maloney, Examiner Sup. Med.
 Address Chesley, Hyattsville, Md. M. D. or other 10-8-48

RECEIVED
OCT 12 1948
BUREAU A. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a

10687

Reg. Dist. No.

1. PLACE OF DEATH:

County Prince GeorgeCity or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 days

Hospital, institution, or street address where death occurred:

Prince GeorgeHow long in hospital or institution? 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Pr. GeorgeCity or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)Street No. 4026 Hamilton St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Hodges, Mrs. Virginia Gibson

3. (b) Social Security Number

4. Sex

Fe

5. Color or race

W

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

March 27, 1876

8. AGE:

Years

Months

Days

If less than one day

72619hrs.min.

9. Birthplace

md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Jerry Michael Gibson

13. Birthplace

md

14. Maiden name

Sarah Cullison

15. Birthplace

md

16. Informant

John M. Hodges

Address

avenue, md

17.

(Burial, cremation, or removal, which?)

Date thereof

10-19-48

Cemetery or crematory

Sacred Heart

Location

Bushwood, md

18. Funeral director

W. C. Mattingly Sons

Address

Leonardtown, md.

19.

(Date rec'd by registrar)

10/1848Annular

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 Oct 48 at 12:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 1946 to Oct 16 1948and that I last saw him alive on Oct 16 1948

Immediate cause of death

Arteriosclerosis

DURATION

Due to

Chronic Hypertension

Due to

Heart Disease & Chronic Hypertension

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

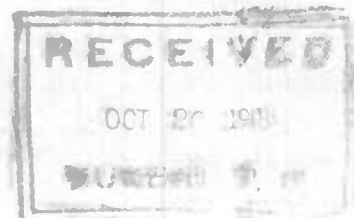
23. SIGNATURE

W. C. Mattingly

M. D. or other

Address

Hyattsville, MDDate signed 10-16-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10688

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince GeorgesCity or town Hvattsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

4712 41st Place

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr. GeorgesCity or town Hvattsville
(If outside city or town limits, write RURAL and give nearest town)Street No. 4712 41st Place

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Caroline Teresa Johnson

3. (b) Social Security Number

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30, 1948

8. AGE:

Years

Months

Days

If less than one day

22

..... hrs. min.

9. Birthplace

Hvattsville

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

William Johnson

13. Birthplace

Mitchellville, Md.

MOTHER

14. Maiden name

Ella Elizabeth Thomas

15. Birthplace

MarylandElla Johnson

16. Informant

Address

4712 41st Place, Hvattsville

17.

(Burial, cremation, or removal. Which?)

Date thereof

Oct 24 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 19 48 at 6.30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

Broncho pneumonia

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John J. Maloney
Address Chesley-Maryland Date signed 10-23-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 289

1. PLACE OF DEATH:

County Prince George CoCity or town Lanuel - Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Lanuel SanitariumHow long in hospital or institution? Admitted June 8, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Silver Spring
(If outside city or town limits, write RURAL and give nearest town)Street No. 8323 Draper Lane
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

J. Arthur Lynham

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

MARIE COTTE LYNHAM

7. Birth date of deceased (mo., day, yr.)

Nov 18 - 1870

6. (c) If alive, give age

69 years

8. AGE:

Years

Months

Days

If less than one day

791112

hrs.

min.

9. Birthplace

Richmond - Virginia
(Town, county, and state)

10. Usual occupation

Attorney

11. Industry or business

FATHER

12. Name

John A. Lynham

13. Birthplace

Richmond - Virginia

MOTHER

14. Maiden name

ELIZABETH HARRISON

15. Birthplace

WESTMORELAND Co - VA

16. Informant

Mrs. J. Arthur Lynham

Address

8323 Draper Lane Silver Spring Maryland

17. REMOVAL

(Burial, cremation, or removal. Which?)

Date thereof

Oct 31 1948
(month) (day) (year)

Cemetery or crematory

Location

WASHINGTON DC

18. Funeral director

The S. A. Hines Co.

Address

2901 - 14th St NW, WASH, DC.

19. Date rec'd by registrar

Oct 31

19

48 M. Brashear

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCTOBER 30 1948 at 9:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 8 1947 to Oct 30 1948and that I last saw him alive on Oct 30 1948

Immediate cause of death

95-9Heart Block

DURATION

9 hrs.

Due to

Due to

Other conditions

Atherosclerotic

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Jesse C. Corrine

M. D.

Address

Lanuel MdDate signed 10/30/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10690 245

1. PLACE OF DEATH:

County Prince GeorgesCity or town Mt. Rainier
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Pr. Geo'sCity or town Mt. Rainier
(If outside city or town limits, write RURAL and give nearest town)Street No. 3703-36th St.
(If rural, give LOCATION)

2.(a) If veteran, name war

No

3. (a) FULL NAME

LYDIA R. LYTLE

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife John W. Lytle

7. Birth date of

deceased (mo., day, yr.)

June 12, 1861

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

87417

hrs.

min.

9. Birthplace

Tuscaloosa, Alabama
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

Zachariah Wait

13. Birthplace

Alabama

14. Maiden name

Rebecca Roberts

15. Birthplace

Georgia

18. Informant

Mr. John W. Lytle

Address

232 No. Geo. Mason Dr. Arlington

17.

Removal
(Burial, cremation, or removal. Which?)

Date thereof

Oct. 29, 1948
(month) (day) (year)

Cemetery or crematory

S. H. Hines Co.

Location

2901-14th St N.W. Wash. D.C.

18. Funeral director

S. H. Hines Co.

Address

2901-14th St., NW. Wash. DC

19.

Oct. 29, 1948
(Date rec'd by registrar)Mrs. J. J. Sever
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 19 48 at 12:15 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

3-22 19 48 to 10-29 19 48and that I last saw him alive on 10-28 19 48

Immediate cause of death

Senility

DURATION

6 mos.

Due to

no other cause.11/20/48 as

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

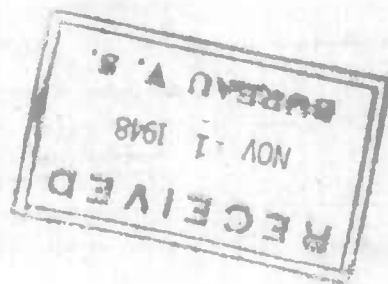
W. B. Brown M. D. or otherAddress 3303 Perry, Mt. Rainier Date signed 10/29/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10691

Reg. Dist. No. 242

1. PLACE OF DEATH:

County... PRINCE GEORGE
 City or town... SILVER HILL MD.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MARYLAND County... PRINCE GEORGE
 City or town... SILVER HILL
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 19 COLEBROOKE DR.
 (If rural, give LOCATION)

2. (a) If veteran, name war.

3. (a) FULL NAME

ANTOINETTE MASANOTTI

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FEMALE White Widowed

6. (b) Name of husband or wife JAMES V. MASANOTTI

7. Birth date of deceased (mo., day, yr.) April 26, 1880
 6. (c) If alive, give age... years

8. AGE: Years Months Days If less than one day
68 5 19 ... hrs. ... min.

8. Birthplace Italy
(Town, county, and state)10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name unk.

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant Mr. Wm. ALLENAddress 19 COLEBROOKE DR. SILVER HILL

17. Burial Date thereof Oct 16, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory

Location BERWICK, PENNSYLVANIA18. Funeral director W. W. Chambers Co.Address 577 - 11th St. S.E. Wash. DC.

19. Oct 13 - 19 48 Edna F. Collins
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 - 19 48 at 7:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 19 48 to Oct. 15 - 19 48
 and that I last saw him alive on Oct. 12 - 19 48

Immediate cause of death acute cardiac failure
due to: arteriosclerosis DURATION 2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

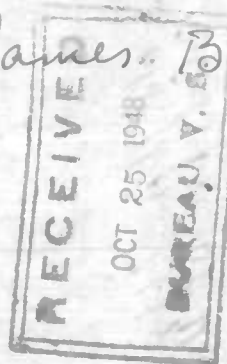
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Zachary E. Stone M.D. M. D. or other

3417 Minnesota Ave. SE Date signed 10/15/48
 Address

10/19/48. Issuance of this certificate
authorized by Dr. James Boyd.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10692 243

1. PLACE OF DEATH:

County Prince Georges

City or town Vista
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Cherry Grove
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

James C. M. Kenney

3.(b) Social Security Number

4. Sex M

5. Color or race C

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Edith V. M. Kenney

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1969

8. AGE: Years 79 Months 11 Days 19 hrs min.

9. Birthplace Charlottesville, Va
(Town, county, and state)

10. Usual occupation Musician

11. Industry or business

12. Name Charles M. Kenney

13. Birthplace Virginia

14. Maiden name Jane

15. Birthplace Virginia

16. Informant George W. M. Kenney

Address 124 Corcoran St. N.W., Wash. D.C.

17. Burial, cremation, or removal. Which? Burial Date thereof Oct 14 1948
(month) (day) (year)

Cemetery or crematory Edmonson Funeral Home

Location 2006-9th St N.W. Washington, D.C.

18. Funeral director J. J. Harris Sr.

Address Hyattsville Md.

19. Oct 19 1948 Amanda Conway Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1948 at 9:15A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw him alive on 19

Immediate cause of death

Cardio-vascular
renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John W. Maloney M.D. Hyattsville
Address Choverly Hyattsville
Date signed 10-19-48

M. D. on other

Date signed 10-19-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10093 239

1. PLACE OF DEATH:

County Prince George Co.
 City or town Laurel, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 yrs - 2 months - 6 days
 Hospital, institution, or street address where death occurred:
Laurel Sanitarium - Laurel - Md.
 How long in hospital or institution? Admitted Aug 21, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Pennsylvania County _____
 City or town Williamsport
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 421 Glenwood Avenue
 (If rural, give LOCATION) ✓
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Blanche Patterson Miller

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife A. Lawrence Miller
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) 3-17-1865
 8. AGE: Years 83 Months 7 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Yellow Springs - Pennsylvania
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name William C. Patterson
 13. Birthplace Warriorsmark, Pennsylvania
 14. Maiden name Adeline Maltzen
 15. Birthplace Warriorsmark, Pennsylvania

16. Informant Mr. A. Lawrence Miller
 Address 421 Glenwood Ave. Williamsport Pa.

17. Burial Date thereof Nov 1, 1948
 (Burial, cremation, or removal) (Month) (day) (year)
 Cemetery or crematory State College Pa
 Location Williamsport, Penna.

18. Funeral director Glenn D. Dalters
 Address 505 Washington Blvd. Laurel, Md.

19. Oct 28 1948 M. Brookes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27, 1948 at 9:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 21 1946 to Oct 27 1948
 and that I last saw her alive on Oct 27 1948

Immediate cause of death (83a) Cerebral hemorrhage

Due to _____

Due to _____

Other conditions Arterio-sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

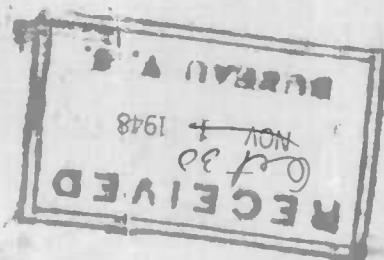
Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Jesse C. Coggins M. D. _____

Address Laurel Md Date signed 10/27/48



1948-10-27
83-7-10
1865-3-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County St. Georges
 City or town Landover
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Harry Thomas Minor

4. Sex

M

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 25, 1873
 8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

75527

hrs.

min.

9. Birthplace

New York.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Harry Minor

13. Birthplace

New York.

14. Maiden name

Sarah Simpson

15. Birthplace

New York.

18. Informant

Harry S. Minor

Address

722-7th St. S.W. Wash. D.C.11. transportation

Date thereof

Oct 19, 1948
(month) (day) (year)

Cemetery or crematory

Coitland

Location

New York

18. Funeral director

F. Grache Sons

Address

Hyattsville, Md.

19.

Oct 19, 1948Amanda Downey

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Prince George

City or town

Landover

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Near Brightseat

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 17, 1948, at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., 10.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death

Cardiac decompensation

DURATION

Due to

chronic valvular heart disease7 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John D. Maloney Deputy Med-Examiner
M. D. Examiner

Address

Cherry-Hyattsville

Date signed

10-18-48

RECEIVED

OCT 20 1918

BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10695

231

1. PLACE OF DEATH:

County Prince George
City or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 month 28 days
Hospital, institution, or street address where death occurred:
Prince George Gen'l Hospital
How long in hospital or institution? 1 month 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Landover
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6316 Landover Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Palmer Carrie E.

3. (b) Social Security Number

4. Sex f 5. Color or race w 6.(a) Single, married, widowed, or divorced widow
6.(b) Name of husband or wife Joseph J Palmer
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 14, 1877
8. AGE: Years 71 Months 6 Days 10 If less than one day hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-24 1948 at 6 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-10 1940 to 10-24 1948
and that I last saw him alive on 10-23 1948

Immediate cause of death Uremia
Due to Chronic nephritis
Due to Hypertension
Other conditions Desire

DURATION

(Include pregnancy within 3 months of death)

Major findings of operations
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, pub'c place (where?)
Means of injury Injured at work?

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
12. Name Luther Leonard
13. Birthplace va
14. Maiden name Sallie weed
15. Birthplace va
16. Informant Jacob E. Palmer
Address Landover Md
17. Burial (Burial, cremation, or removal, Which?) Burial Date the body (month) (day) (year) Oct 26, 1948
Cemetery or crematory St. Lincoln
Location Colman Manor Md
18. Funeral director F. Susek's sons
Address Hyattsville Md
19. Oct 25 1948 Amanda Woroney
(Date rec'd by registrar) Registrar

23. SIGNATURE Carrie E. Palmer M. D. or other
Hyattsville Md Date signed 10-24-48

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 26 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITHOUT FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 142

1. PLACE OF DEATH:

County... Pr. George

City or town... Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 years

Hospital, institution, or street address where death occurred:

6807 Eads St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Pr. Geo

City or town... Seat Pleasant Md.
(If outside city or town limits, write RURAL and give nearest town)Street No... 6807 Eads St
(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (a) FULL NAME

Mary Melinda Palmer

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Joseph M. Palmer

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) Sept 29 1875

8. AGE:

Years

Months

Days

If less than one day

73

hrs. min.

9. Birthplace

Washington D.C.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

own home

MOTHER FATHER

12. Name

Robert Brown

13. Birthplace

Washington D.C.

14. Maiden name

Margaret Richardson

15. Birthplace

Washington D.C.

16. Informant

Mrs Virginia Dunsell

Address

6815 Eads St Seat Pleasant Md
Berital

17.

(Burial, cremation, or removal) (Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Rock Creek

Location

Washington D.C.

18. Funeral director

Deals Funeral Home

Address

4812-3rd Ave NW Wash. D.C.

19.

Oct 22 1948
(Date rec'd by registrar)

1948

Carrie F. Campbell
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Oct 22 1948 at 9:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1948 to Oct 22 1948
and that I last saw him alive on Oct 21 1948

Immediate cause of death

Coronary Thrombosis
Cerebral Thrombosis

Due to

Sensitized arteriosclerosis

Due to

Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. D. Smith - P. Palmer M.D.

Address 6806 Palmetto Rd S.E. Date signed Oct 22 1948
Wash D.C.

RECEIVED

OCT 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

10697

77c

1. PLACE OF DEATH:

County Prince George's
 City or town Chapin, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

1121-57th Place

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town Chapin, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. 1121-57th Place
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

4. Sex m 5. Color or race C 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Edna Perrin7. Birth date of deceased (mo., day, yr.) April 14, 18948. AGE: Years 5-4 Months 6 Days _____ It less than one day _____ hrs. _____ min.9. Birthplace Greenwood, S.C.
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Capital Transit Co12. Name Richard Perrin13. Birthplace Greenwood, S.C.14. Maiden name Elizabeth Matthews15. Birthplace Greenwood, S.C.16. Informant Wade PerrinAddress 1121-57th Place, Chapin, Md.17. Removal Date thereof Oct 15 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Alexander S. Pope Funeral HomeLocation 414-15th St. S.E. Washington, D.C.18. Funeral director F. Desch's SonsAddress Hyalithville, Maryland.19. 10/15/48 Armandah Voronay
(Date rec'd by registrar) Registrar

3.(b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1948 at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____

Results of laboratory exam:Due to Acute Alcoholism

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results Same Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John D. Maloney ExaminerAddress Cherry, Hyalithville Date signed 10-15-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10698

232

1. PLACE OF DEATH:

County Prince George's
 City or town Upper Marlboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State Maryland County Prince George's
 City or town Upper Marlboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war World War I

3. (a) FULL NAME

James Reginald Pumphrey

3. (b) Social Security Number

217-14-7288

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Jennie Mae Pumphrey6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.)

Sept 15, 1894

8. AGE:

Years 54 Months - Days 21 If less than one day
 hrs. min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farmer

MOTHER FATHER

12. Name

James L. Pumphrey

13. Birthplace

Maryland

14. Maiden name

Ellen Birch

15. Birthplace

Maryland

16. Informant

Jennie Mae Pumphrey

Address

Upper Marlboro, Md.

17. Burial

(Burial, cremation, or removal. Which?) Burial Date thereof Oct 8, 1948
(month) (day) (year)

Cemetery or crematory

Arlington National

Location

Arlington, Va.

18. Funeral director

Richie Bros.

Address

Upper Marlboro, Md.

19. Date rec'd by registrar

Oct 7, 1948 Registrar R. Smith

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6, 1948 at 12:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on 19.

Immediate cause of death

Coronary OcclusionDue to CardiovascularNerve disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Responsible Medical ExaminerAddress Responsible Medical Examiner Date signed 10-6-48

RECEIVED

OCT 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10699

Reg. Dist. No. 93d 245

1. PLACE OF DEATH:

County Prince George

City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Sacred Heart Home

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Female White Widowed

5. Color or race

6. (d) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years 96

Months 11

Days 15

It less than one day

hrs. min.

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

OCT 25

1948

at

3

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1

1946

to

October 25

1948

and that I last saw her alive on

Oct 23

1948

Immediate cause of death

Arteriosclerosis
Heart disease & congestive
failure

DURATION

4 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Thomas Hallin M.D.

M. D. or other

Address

332 - H ST NE

Date signed

10/25-48



RECEIVED
OCT 26 1948
BUREAU V. S.

RECEIVED
OCT 26 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10701

Reg. Dist. No. 23/

1. PLACE OF DEATH:

County Prince George CountyCity or town Cheverly, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 24 days

Hospital, institution, or street address where death occurred:

Prince George's General HospitalHow long in hospital or institution? 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Prince GeorgeCity or town 412 - 61st Ave
(If outside city or town limits, write RURAL and give nearest town)Street No. Capital Heights
(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

Richardson, Lillian Elizabeth

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Thomas Richardson

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.) Nov 27, 1888

8. AGE:

Years

Months

Days

If less than one day

59

hrs.

min.

9. Birthplace Washington D.C.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
MOTHER12. Name Evans13. Birthplace Mass.14. Maiden name Amazine15. Birthplace Mass.16. Informant William RichardsonAddress 412 61 Ave Capt. Heights Md.17. Burial
(Burial, cremation, or removal. Which?)Date thereof Oct 29/48
(month) (day) (year)Cemetery or crematory Cedar HillLocation Suitland Maryland18. Funeral director W.W. Chambers Co.Address 517-11th St S.E. Wash. D.C.19. 10/28 19 48
(Date rec'd by registrar)Amanda Douney
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 19 48, at 10:57 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 15 19 46, to Oct 26 19 48
and that I last saw him alive on Oct 26 19 48Immediate cause of death Carcinoma of
ovary - metastases

DURATION

3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

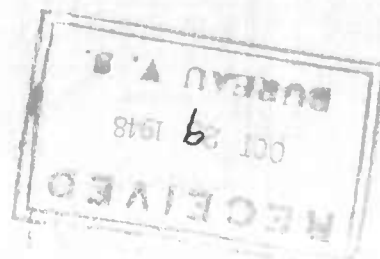
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

William Brannen MD
M. D. or other
Address Capitol Heights Md. Date signed 1



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10702

2445

1. PLACE OF DEATH:

County Prince George
City or town Bethesda
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

4005 - Shepherd St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Bethesda
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4005 - Shepherd St.

(If rural, give LOCATION)

2.(a) if veteran, name war 1st World War.

3. (a) FULL NAME

Frank J. Rose

3. (b) Social Security Number

4. Sex m

5. Color of race w

6.(a) Single, married, widowed, or divorced Divorced

8.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 10, 1887

6.(c) If alive, give age years

8. AGE: Years 61 Months 5 Days 25 If less than one day

hrs. min.

9. Birthplace Bohemia
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name Unknown

13. Birthplace Bohemia

14. Maiden name Unknown

15. Birthplace Bohemia

16. Informant Newbold F. Rose

Address College City, Ind.

17. Burial Date thereof Oct 8, 1948.

(Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory Arlington Cemetery

Location Arlington Va

18. Funeral director F. Busch's Sons

Address Hyattsville Ind.

19. Oct 7 48 James Seery

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1948, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Coronary thrombosis

Due to Arterio-sclerotic

Due to renal disease

Other conditions Wet brain

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John J. Maloney Examiner

Address Cherry - Hyattsville Date signed 10-5-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 230

10703

94a

1. PLACE OF DEATH:

County Prince Georges
City or town Berwyn
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 years
Hospital, institution, or street address where death occurred:
9325 R.I. Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County P. George
City or town Berwyn
(If outside city or town limits, write RURAL and give nearest town)
Street No. 9325 - R.I. Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Charles W. Sincler

3. (b) Social Security Number

4. Sex M 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Ella E. Smith
7. Birth date of deceased (mo., day, yr.) May 16, 1983
6.(c) If alive, give age 6.5 years
8. AGE: Years 65 Months 5 Days 5 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1947, at 4 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____ and that I last saw him _____ alive on _____ 19____

Immediate cause of death Coronary Occlusion DURATION Sudden
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

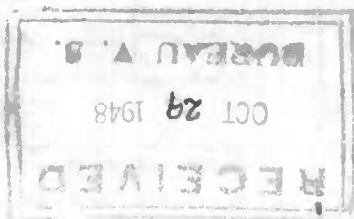
23. SIGNATURE John D. Maloney Deputy Medical Examiner
Address Cheverly Hyattsville Md Date signed 10-24-47

9. Birthplace Washington, D.C.
10. Usual occupation Salesman
11. Industry or business Insurance
12. Name William Henry Sincler
13. Birthplace Wash. D.C.
14. Maiden name Mary Proctor
15. Birthplace Wash. D.C.
16. Informant Ella E. Sincler
Address 9325 - R.I. Ave. Berwyn
17. Burial Date thereof Oct. 26 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory St. Vincent's Cem.
Location 444 B Pine Trce Hyattsville Md.
18. Funeral director Martin W. Hyson Co.
Address 1300 - N 28 - N.W. Wash. D.C.
19. Oct. 24 1948 Mrs. Joe Severe Registrar
(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges
 City or town Mt. Rainier
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 months
 Hospital, institution, or street address where death occurred:
3804-33rd Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince George
 City or town Mt. Rainier
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3804-33rd Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

angela Singdak

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Albert Singdak
 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1882

8. AGE: Years 66 Months 3 Days 22 If less than one day
 hrs. min.

9. Birthplace Poland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Valentinus Kresnadelski

13. Birthplace Poland

14. Maiden name Agnes Florek

15. Birthplace Poland

16. Informant Mrs. Eileen Weichler

Address 3414-Wilson Blvd. Arlington, Va.

17. Burial Date thereof 10-26-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington Memorial Park

Location Riggs Road Extended, Maryland

18. Funeral director Wm. J. Nalley

Address 3200-R.E. Ave. Mt. Rainier, Md.

19. Oct 25 1948 James Severs
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 1948 at 8:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19... 10... 19...
 and that I last saw him... alive on... 19...

Immediate cause of death Hypertensive heart disease

Due to...

Due to...

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations... Date of op.

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

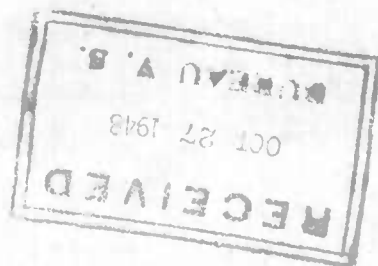
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John J. Maloney, Examiner
 M. D. Chesley-Hyattsville

Address Chesley-Hyattsville Date signed 10-22-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10705

183

1. PLACE OF DEATH:

County... Prince George'sCity or town.....
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Transient

Hospital, institution, or street address where death occurred:

Potomac River

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Virginia County.....City or town... Alexandria
(If outside city or town limits, write RURAL and give nearest town)Street No. 322 S. Washington
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

James C. Snoots

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife... Mildred C. Snoots

7. Birth date of

deceased (mo., day, yr.) June 27th, 1907

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

41

..... hrs. min.

9. Birthplace... Alexandria, Va.

(Town, county, and state)

10. Usual occupation... Helper11. Industry or business... Robinsons Storage House12. Name... Silas Snoots13. Birthplace... Virginia14. Maiden name... Margaret A. Upton15. Birthplace... Virginia16. Informant... Wesley SnootsAddress... Alexandria, Va.17. Burial
(Burial, cremation, or other?)Date thereof... 10/9/48
(month) (day) (year)Cemetery or crematory... National Memorial Park VaLocation... GUNNINGHAM FUNERAL HOME18. Funeral director... 807-809 CAMERON STREETALEXANDRIA, VA.

Address

19. Oct 13 19 48
(Date rec'd by registrar)A.W. Helms
Registrar

MEDICAL CERTIFICATION

20. DATE Found October 8 19 48 at 4:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death

Asphyxia

DURATION

Due to Drowning

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Undetermined Date of 10/3/48Where did injury occur? Potomac River near Oxon Hill, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) River

Means of Injury

Injured at work?

Dep'ty Medical Examiner

23. SIGNATURE James P. Boyd M. D. or otherAddress... Forestville, Md.Date signed... 10/9/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of the information is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10706
245

1. PLACE OF DEATH:

County... *Prince George*City or town... *Brentwood Maryland*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *Maryland* County... *Prince George*City or town... *Brentwood, Md.*
(If outside city or town limits, write RURAL and give nearest town)Street No. *4526 Rd. Ed. Ave. near National*
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Elizabeth Agnes Stewart

3. (b) Social Security Number

*577-01-4346*4. Sex *Female* 5. Color or race *negro* 6. (a) Single, married, widowed, or divorced *single*

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *January 3, 1882* 6. (c) If alive, give age..... years8. AGE: Years *66* Months *9* Days *11* If less than one day..... hrs. min.9. Birthplace... *Washington D.C.*
(Town, county, and state)10. Usual occupation... *seamstress*11. Industry or business *mail*12. Name... *Thomas Stewart*13. Birthplace *Unknown*14. Maiden name *Ida Woodard*15. Birthplace *Unknown*16. Informant *Ida K. Stewart*Address *4526 R. near National Brentwood Rd*17. *Removal* Date thereof *Oct 14 1948*
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory *Mt. Olivet Cemetery*Location *Washington, D.C.*18. Funeral director *Robert E. Mc Guire*Address *1820-9 St. N.W.*19. *Oct 14 48 Amanda W. Dorsey*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *October 14* 19 *48*, at *6:15 A.* M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *August 19* 19 *48*, to *Oct 13* 19 *48*and that I last saw her alive on *Oct 13* 19 *48*Immediate cause of death *Congestive heart failure*DURATION *2 weeks*Due to *Essential hypertension* *1 yr.*Due to *Coronary insufficiency* *1 yr.*

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where)?.....

Means of injury..... Injured at work?.....

23. SIGNATURE *Harold H. Whitfield M.D.*Address *1214 S. 26th St. Wash. D.C.* M. D. or otherDate signed *10-14-48*

RECEIVED

OCT 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

110a

10707

Reg. Dist. No. 275

1. PLACE OF DEATH:

County Prince George's
 City or town Riverdale
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred:
Eugene Island Memorial Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince George's
 City or town Riverdale
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5914 Thompson Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Mary Jane Strimel (nee Beutem)

3. (b) Social Security Number

yn(2)

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Rosier Edward Strimel
 B. (c) If alive, give age 29 years
 7. Birth date of deceased (mo., day, yr.) January 5, 1921
 8. AGE: Years 27 Months 8 Days 29 If less than one day _____ hrs. _____ min.

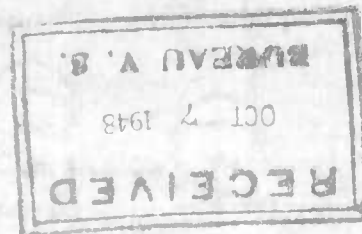
9. Birthplace Pennsylvania
 (Town, county, and state)
 10. Usual occupation housewife
 11. Industry or business non-home
 12. Name John Beutem
 13. Birthplace Pa.
 14. Maiden name Louise Beutem
 15. Birthplace Pa.

16. Informant Hospital Records
 Address _____
 17. Burial Date thereof Oct 7, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Venice Cemetery
 Location Venice, Pennsylvania
 18. Funeral director H. H. Chambers Co.
 Address 5801 Cleveland Ave, Riverdale, Md.
Oct 5 1948 James Berry
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1948, at 3 05 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 16 1948, to Oct 4 1948
 and that I last saw her alive on Oct 4 1948
 Immediate cause of death Septicemic pneumonia with emphysema
 DURATION 4 days
 Due to Nat tuberculosis
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE L W Malin MD
Riverdale, Md M. D. or other _____
 Address _____ Date signed 10-4-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10708 232

1. PLACE OF DEATH:

County Prince George'sCity or town Croome
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town Croome
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Bernard Ignatius Sweeney

3. (b) Social Security Number

?

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Daisey V. Sweeney6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) February 28, 18858. AGE: Years 63 Months 7 Days 20 If less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Merchant11. Industry or business General Store12. Name James Sweeney13. Birthplace Maryland14. Maiden name Christina Wilson15. Birthplace Maryland16. Informant Vincent FreeAddress District Heights, Md.17. Burial Date thereof Oct 21, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory St. Thomas Cem.Location Croome Maryland18. Funeral director Redick BrosAddress Upper Marlboro, Md.19. Oct 20 19 48 Redick Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 19 48 at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Hemorrhage and shock DURATIONDue to shot gun wound ofDue to head

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 10-18-48Where did injury occur? Croome P. S. Mary
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury shot self with shot gun Injured at work _____Means of injury repeated medical treatment23. SIGNATURE James Sweeney M. D. or other _____Address 2350 1st St. N.E. Date signed 10-18-48

Address _____ Date signed _____

Address _____ Date signed _____

Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-5M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10709

Reg. Dist. No. 239

1. PLACE OF DEATH:

County Prince George's
City or town Fairfax
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 yr
Hospital, institution, or street address where death occurred Warren Hosp.
How long in hospital or institution? 2 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Prince Geo
City or town Fairfax
(If outside city or town limits, write RURAL and give nearest town)
Street No. 308 Moselymky
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Lease James Warren

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife William Lee Rich

7. Birth date of deceased (mo., day, yr.) Feb 24 1857
6. (c) If alive, give age 88 years

8. AGE: Years 91 Months 07 Days 17 If less than one day
hrs. min.

9. Birthplace Blounts Creek, Blount Co. Ala.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business U. S. Army

12. Name James Warren

13. Birthplace Blounts Creek, Ala.

14. Maiden name Georgia Ann Thomas

15. Birthplace Blounts Creek, Ala.

16. Informant M. Warren

Address Fairfax, Md.

17. Burial Date thereof Oct 13, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Greenwood, N. Car.

Location Greenwood, N. Car.

18. Funeral director W. H. Ballou

Address 505 Washington Blvd., Laurel, Md.

Oct 14 1948 Registrar M. Brachman
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1948 at 1:12 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 20 1948 to Oct 11 1948
and that I last saw him alive on Oct 11 1948

Immediate cause of death Chronic Coronary Arteriosclerosis
DURATION 10 yrs

Due to Squamous

Due to of

Other conditions Chronic bronchitis

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. Warren M. D. or other

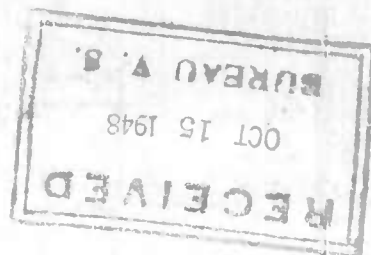
Address Fairfax Date signed 10/11/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges
 City or town Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 mos., 22 days
 Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
 How long in hospital or institution? 3 mos., 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. County _____
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 64 Eye Street, N. E.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

MARIE ELIZABETH WHITE

3. (b) Social Security Number

- - -

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Cozzie White
 7. Birth date of deceased (mo., day, yr.) November 5, 1915
 6.(c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day
32 32 11 20 _____ hrs. _____ min.

9. Birthplace Rock Hill, South Carolina
 (Town, county, and state)

10. Usual occupation Bakery Shop Laborer

11. Industry or business - - -

12. Name Frank Davis
 13. Birthplace Rock Hill, South Carolina
 14. Maiden name Hannah Gaston
 15. Birthplace Rock Hill, South Carolina

16. Informant Deceased

17. Removal Date thereof 10/27/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington D.C.
 Location Washington D.C.

18. Funeral director Malvaret Scher Inc
 Address 424-R St. N.W. D.C.

19. Oct. 27, 1948 Registrar Roulbudd S. Phillips
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 25 1948 at 6⁰⁰ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JULY 2 1948 to OCT. 25 1948
 and that I last saw her alive on OCT. 25 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 4 mo.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

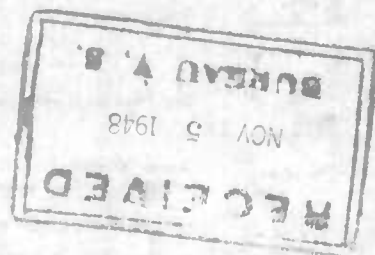
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where)? _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Daniel Leo Pincus M.D. M. D. or other _____

Address Glenn Dale Md. Date signed 10/25/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County Prince George Co.
 City or town Berwyn, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Pro. Geo.
 City or town Berwyn
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 9533 Balto; Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war WW1

3. (a) FULL NAME

Benjamin Harrison Wilhelm

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Myrtle M. Wilhelm
 6.(c) If alive, give age 49 years
 7. Birth date of deceased (mo., day, yr.) 1 April 1890
 8. AGE: Years 58 Months Days If less than one day hrs. min.

9. Birthplace Ch Benton--Missouri
 (Town, county, and state)
 10. Usual occupation Shop Foreman
 11. Industry or business D. C. Highway Dept.
 12. Name Andrew Wilhelm
 13. Birthplace Missouri
 14. Maiden name Natherine Sherrer
 15. Birthplace Missouri

16. Informant Myrtle Wilhelm (Wife.)
 Address Berwyn Md.
 17. Burial Date thereof Oct 8, 1948
 (Burial, cremation, or removal. Which?) May (month) 8 (day) (year)
 Cemetery or crematory Arlington Cemetery
 Location Arlington Md
 18. Funeral director F. Greche sons
 Address Hyattsville Maryland
 19. Oct 8 19 48 Amanda Woroney
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 Oct. 19 48 at 4:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him live on 19

Immediate cause of death aneurism of aorta - rupture in - to pericardial sac
 Due to cardiac tamponade

Due to (aneurism of aorta)
 Other conditions 11/23/48
 (Include pregnancy within 8 months of death)

Major findings of operations Date of op.
 Autopsy results Same
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE John W. Maloney dep. Med Examiner
 Address Cherry - Hyattsville M. D. or other
 Date signed 10-5-48

RECEIVED

OCT 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10712

Reg. Dist. No. 245

1. PLACE OF DEATH:

County PRINCE GEORGE
City or town EAST RIVERDALE
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County PRINCE GEORGE
City or town EAST RIVERDALE
(If outside city or town limits, write RURAL and give nearest town)
Street No. AUBURN AVE
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

BERTIE M. WILLIAMS

3. (b) Social Security Number

4. Sex

FEMALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

FRANCIS A. WILLIAMS

7. Birth date of

deceased (mo., day, yr.) OCT 10th 1875

6. (c) If alive, give age..... years

8. AGE:

73 Years

Months

Days

If less than one day

..... hrs. min.

9. Birthplace

WASHINGTON D.C.
(Town, county, and state)

10. Usual occupation

HOUSEWIFE

11. Industry or business

12. Name

ANSON DART

13. Birthplace

Unknown

14. Maiden name

JENNIE LOUISE

15. Birthplace

Unknown

16. Informant

Auburn Ave E. Riverdale Md

Address

17. Burial

Burial Date thereof Nov 2, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Prospect Hill

Location

Washington DC

18. Funeral director

W. W. Chambers, Inc.

Address

517 11th St. SE. Wash DC

19. Oct 30

48 James Sany
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 19 48 at 7 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 19 48, to Oct 30 19 48

and that I last saw him alive on 19

Immediate cause of death

Heart Failure

DURATION

1 week

Due to

Artero-Sclerotic

Due to

Heart Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

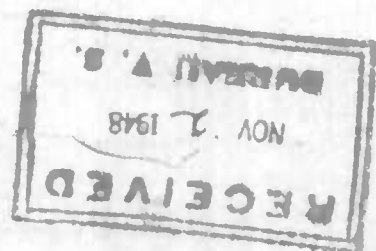
Dr. A. C. ... M. D. or other Oct 30/48
Address 1927 N. Capital Washington DC Date signed

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10713

281

1226

1. PLACE OF DEATH:

County Prince George's
City or town Cheverly, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 days
Hospital, institution, or street address where death occurred:
Prince George's General Hospital
How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince George's
City or town College Park, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1406 Colesville Rd., University Pk.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Anna Woodworth

3. (b) Social Security Number

4. Sex Fe 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Carl C Woodworth
6.(c) If alive, give age 85 years
7. Birth date of deceased (mo., day, yr.) Sept. 15, 1872
8. AGE: Years 76 Months 0 Days 19 hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/1/48 19... at 11:48 A
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
and that I last saw him alive on 10-1-48
Immediate cause of death Intes.
acute Intes.
obstruction

9. Birthplace Ohio
(Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Adam James
13. Birthplace Ohio
14. Maiden name Achoche Oldberry
15. Birthplace England

16. Informant Mrs Virginia Conley
Address University Park Ind
transportation Date thereof Oct 4, 1948
(Racial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Youngstown
Ohio
Location

18. Funeral director F. Kasche sons
Address Hyattsville Md.

19. Oct 4 19 48 Amanda Downey
(Date rec'd by registrar) Registrar

Due to obstruction
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

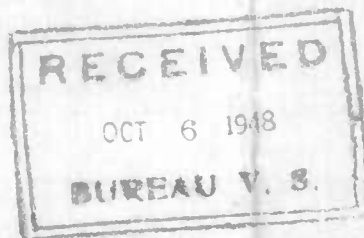
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Carl C Woodworth
M. D. or other
Address Hyattsville, Md. Date signed 10-1-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

10714

1. PLACE OF DEATH:

County Prince Georges
 City or town Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr., 8 mos., 25 days
 Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
 How long in hospital or institution? 1 yr., 8 mos., 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. County _____
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1211 1/2 - 7th St., N. W.
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____ ☒

3. (a) FULL NAME

YATES FRANK

3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single
 8. (b) Name of husband or wife ---
 7. Birth date of deceased (mo., day, yr.) May 3, 1910
 8. AGE: Years 38 Months 38 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Clarksburg, West Virginia
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business ---
 12. Name Rev. F. E. Yates
 13. Birthplace Unknown
 14. Maiden name Edna Smith
 15. Birthplace ? West Virginia

18. Informant Deceased
 Address _____
 17. Removal to Wash. D.C. Date thereof 11 1 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory _____
 Location _____
 18. Funeral director H. S. Washington & Son's
 Address 467 N. St. N. W.
Nov. 1, 1948. Roulstead & Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 19 48 at 7:25 a.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/5 19 47 to 10/31 19 48
 and that I last saw him 14 alive on 10/31 19 48
 Immediate cause of death pulmonary tuberculosis DURATION 6 yrs.
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Daniel Leo Finicare MD
Glenn Dale, Md. M. D. or other _____
 Address _____ Date signed 10/31/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1948
BUREAU V. N.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 10715 231

1. PLACE OF DEATH:

County Prince George's
 City or town Cheverly
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 hrs, 35 min
 Hospital, institution, or street address where death occurred:
Prince George's General Hosp.
 How long in hospital or institution? 3 hrs - 35 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince George's
 City or town Riverdale
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4504 - Queensbury Rd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Albert E. Young

3. (b) Social Security Number

4. Sex Male 5. Color or race W 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug - 14, 1886 6.(c) If alive, give age years

8. AGE: Years 62 Months 2 Days 8 If less than one day hrs. min.

9. Birthplace Md
 (Town, county, and state)

10. Usual occupation Bank clerk

11. Industry or business

12. Name Daniel J. Young13. Birthplace yellow springs, Md14. Maiden name sarah Zimmerman15. Birthplace yellow springs, Md16. Informant Miss Margaret YoungAddress yellow springs Md.17. Burial: Date thereof Oct 20, 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory mt shertLocation Frederick Md18. Funeral director F. Cascha zoneAddress Hyattsville, Md.19. 10/25 19 48 Ananda Dourney

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 October 1948 at 3:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 and that I last saw him alive on

Immediate cause of death Coronary Thrombosis Sudden

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John J. Maloney Deputy Medical Examiner

Address Cheverly - Hyattsville, Md. Date signed 10-22-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 25 1948

BUREAU V. S.